

HAMILTON SCHOOL BOARD
5683 Highway 129 South – Suite 1
Jasper, FL 32052
Personnel Office: (386) 792-7816

APPROVED BY HAMILTON
SCHOOL DISTRICT ON

Superintendent

SUBSTITUTE REQUEST FORM

Name _____ Social Security # _____

Mailing Address _____

City/State/Zip _____ Phone # _____

Email _____

I wish to apply as a substitute in the following role(s):

_____ Teacher
_____ Food Service Assistant
_____ Custodian
_____ Bus Driver (*requires clearance*): _____ *General Services Clearance:* _____
_____ Bus Aide (*requires clearance*): _____ *General Services Clearance:* _____
_____ Maintenance Asst. (*requires clearance*): _____ *General Services Clearance:* _____

I wish to substitute at the following site(s):

_____ Hamilton County High School
_____ Central Hamilton Elementary
_____ North Hamilton Elementary
_____ South Hamilton Elementary
_____ General Services Department

Note: The minimum requirements must be fulfilled, verified, and on file in the Personnel Office prior to presentation for Board approval. Please complete the attached packet of materials and return to the Personnel Office for processing.

District Office Use

_____ A completed Application for Employment
_____ Three (3) completed reference forms
_____ A completed & signed W-4 Form (Withholding Tax Certificate)
_____ Completed direct deposit information
_____ A notarized Loyalty Oath
_____ A completed & signed Permission for Disclosure of Information from Personnel Records
_____ A copy of vocational certificate, transcript, or grade report of any college work of at least thirty (30) hours completed for pay purposes; or a copy of high school diploma or GED
_____ A completed Hamilton School Board Fingerprint Card with appropriate fee
_____ A copy of the social security card
_____ A signed receipt for School Board Policy 2.18 – *Prohibiting Discrimination, Including Sexual and other Forms of Harassment*, School Board Policy 6.45 – *Alcohol & Drug-Free Workplace*, and *The Code of Ethic/Principles of Professional Conduct* by the Florida Education Standards Commission
_____ A copy of license(s) required by the Department of Highway Safety & Motor Vehicles to perform job requirements in operating vehicles on Florida highways
_____ Exemption from Public Records
_____ Statement on Collection/Use/Release of Social Security Numbers
_____ Form I-9, Employment Eligibility Verification

Personnel Clearance

Date



Hamilton County School District

5683 US Highway 129 South – Suite 1
Jasper, Florida 32052

Phone: 386.792.1228 – Fax: 386.792.3681

Rex L. Mitchell, Superintendent

School Board Members

Cheryl McCall – District 1

Gary Godwin – District 2

Saul Speights – District 3

Johnny Bullard – District 4

Sammy McCoy – District 5

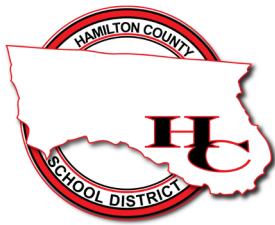
EMPLOYMENT NOTICE

Individuals who are interested in regular employment with the Hamilton County School District should submit a completed application along with three (3) reference forms.

In addition to the above information, applicants for instructional and administrative positions should also submit one of the following: A copy of the valid teaching certificate, or a copy of the Statement of Eligibility from the Florida Department of Education confirming that the applicant is eligible for either a temporary or professional teaching certificate.

All applications will be screened and not all applicants will be called for an interview. Questions regarding the application process or vacancies can be directed to the Director of Administrative Services by phone at (386) 792-7815.

Please be advised that there is the availability of reasonable accommodations prior to reporting for interviews or at any point during the application process in compliance with ADA: 1630.9. Please contact the Personnel Office for additional information.



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Cheryl McCall – District 1

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Sammy McCoy – District 5

Memorandum

TO: All Applicants

FROM: Mrs. Ida Daniels, District Equity Coordinator

SUBJECT: DISABILITY ACCOMMODATIONS

Please be advised that there is the availability or reasonable accommodations prior to reporting for interviews or at any point during the application process in compliance with ADFA: 1630.9.

Should you have any questions, please do not hesitate to contact the Personnel Office at 386-792-7816.

Thank you for your attention to this matter.



WORKING AFTER RETIREMENT

For FRS Pension Plan



Florida Retirement System

Reemployment Rules for Pension Plan Members

Returning to work with an FRS-participating employer too soon after retirement could be a costly mistake. Read this brief flyer to be sure you don't shortchange yourself in retirement.

What You Need to Know

Once you become a Pension Plan retiree:

- You will not be able to rejoin the FRS — even if you return to work with an FRS-participating employer.
- If you return to work with an FRS-participating employer before satisfying a waiting period, your retirement may be voided and you may have to repay all benefits you have received, including any Deferred Retirement Option Program (DROP) payout.

When do I become a Pension Plan retiree?

You become a Pension Plan retiree once you have terminated employment with all FRS-participating employers, established an effective retirement date through the application process, and cashed or deposited a benefit payment (including direct deposit). You are considered retired as of your effective retirement date. If you participate in the DROP, your effective retirement date is your DROP begin date. The termination and reemployment limitations apply to you beginning the calendar month after your termination date.



Caution!

The reemployment laws are very complex, and returning to work for an FRS-participating employer after you've retired may have **significant financial consequences**.

So, before retiring or returning to work for an FRS-participating employer, **we strongly recommend you call the Division of Retirement at 1-866-446-9377, Option 3.**

Questions?

Once you are a Pension Plan retiree, be sure you understand the impact of returning to employment with an FRS-participating employer before choosing to do so. If you have questions, call the Division of Retirement at 1-866-446-9377, Option 3 (TRS 711) or 1-844-377-1888, available 8:00 a.m. to 5:00 p.m. ET, Monday through Friday, except holidays.

When can a Pension Plan retiree return to work with an FRS-participating employer?

You can return to work with an FRS-participating employer at any time; however, returning within 12 calendar months of becoming a Pension Plan retiree may void your retirement and require you to repay retirement benefits received, as described below.

If you are a Pension Plan retiree and return to work ¹ with an FRS-participating employer:	
Within 6 Calendar Months	Your retirement will be voided and you will be required to repay all the Pension Plan benefits you have received, including any DROP payout.
During Calendar Months 7 to 12	Your Pension Plan benefits will be suspended for each month you are employed during this period (you must notify the Division of Retirement of your employment). ² If your benefits are not timely suspended, you and your employer will be required to repay benefits you should not have received.
After 12 Calendar Months	You will not be required to repay any prior benefits, and you will continue receiving benefits from the Pension Plan without interruption.
Want to know when you'll reach the 6- and 12-calendar-month waiting periods?	
View or download the comprehensive reemployment tables by visiting MyFRS.com . On the home page, click Retirees > Reemployment After Retirement > Reemployment Tables.	

Can I rejoin the FRS after becoming a Pension Plan retiree?

No. Once you are considered a Pension Plan retiree, including DROP, you cannot renew your membership in the FRS, no matter when you return to employment with an FRS-participating employer. This means you will not be eligible to earn any additional benefits under an FRS plan.³

Do these reemployment rules apply if I am hired by a non-FRS employer?

No. Being hired by a private employer or a non-FRS public employer⁴ after becoming a Pension Plan retiree will have no impact on your Pension Plan benefits (except for disability retirement — see below).

Would being rehired affect my FRS disability benefits?

Yes. You cannot receive disability benefits if you are employed. Your FRS disability benefits will be terminated upon returning to work for any employer (includes private, non-FRS, and FRS-participating employers).

¹ This includes work in a temporary, part-time, OPS, substitute, adjunct, or regularly established position, regardless of whether it is an FRS-covered or non-covered position.

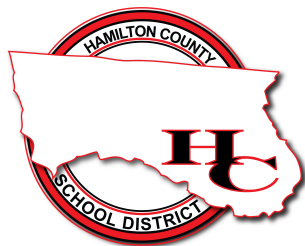
² If you are a retired law enforcement officer and you are reemployed as a school resource officer by an FRS-participating employer during calendar months 7 through 12 after your retirement date or after your DROP termination date, you will receive both your salary and retirement benefits.

³ The FRS plans include the Pension Plan, Investment Plan, and other non-integrated defined contribution plans.

⁴ If you are retiring from an employer that no longer offers FRS membership to new employees and you plan to return to employment with this same employer after termination, please call the Division of Retirement at 1-866-446-9377, Option 3, to determine what reemployment restrictions apply.

This publication is a summary of the reemployment provisions for the Florida Retirement System Pension Plan and is not intended to include every program detail. Complete details can be found in Chapter 121, Florida Statutes, the rules of the State Board of Administration of Florida in Title 19 and the Department of Management Services, Division of Retirement, in Chapter 60-S, Florida Administrative Code, and in the Pension Plan Summary Plan Description. In case of a conflict between the information in this publication and the statutes and rules, the provisions of the statutes and rules will control.

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Hamilton County School District
 5683 Highway 129 South – Suite 1
 Jasper, FL 32052
 Phone: 386-792-1228 Fax: 386-792-3681

Application for Employment
(An Equal Opportunity Employer)

Personal Information

Name: _____
 Permanent Address: _____
 Temporary Address: _____
 Social Security Number: _____ Date of Birth: _____
 Phone Numbers: _____ Email: _____
 Chauffer's License No. _____ Expiration Date: _____

Are you a citizen of the United States? ☐ Yes ☐ No
 If "No," do you possess an I-155 Card, or an I-94 Card stamped "Employment Authorized?" ☐ Yes ☐ No

Note: If the answer to both questions is "No," you are ineligible for employment.

Have you ever been arrested for an offense other than a minor traffic violation? ☐ Yes ☐ No
 A "Yes" or "No" answer is required by Florida Law. Failure to accurately answer this question could cause denial of employment. If you check the "Yes" box, you must provide the information requested for each charge. Please attach a separate sheet if you need more space.

City Where Arrested	State	Date of Arrest	Charge	Disposition

Employment Desired

Position applied for:	Available start date:
Can you perform the duties of the job for which you have applied in a manner that is safe to you and the other employees? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If "No," explain:	

Education

Name/Address of High School	Received: <input type="checkbox"/> Diploma <input type="checkbox"/> Certificate <input type="checkbox"/> Equivalency <input type="checkbox"/> None (highest grade completed _____)	Date Received
Your name, if different from application		

College, University or Professional School		Dates of Attendance (Month/Year)		Hours Earned		Primary Course Of Study	Secondary Course Of Study	Degree Received/Date
Name	Address	From	To	Qtr.	Sem.			

Business, Correspondence, Trade, Technical or Vocational School		Dates of Attendance (Month/Year)		Hours Earned		Area of Study	Diploma/Certificate Received/Date
Name	Address	From	To	Class	Clock		

Educator's Certificate

Number of Florida Certificate (Valid or Expired): _____	Certificate Type: _____
Highest Acceptable Level of Training: _____	Validity Period: _____
Subject Coverage(s): _____	

Employment Record

List each employer starting with present/most recent. Include military service, if applicable .

• Name of Employer	Job Title	From (Month/Year)	To (Month/Year)
Address (including city/state)		Duties	
Name & Title of Supervisor	Telephone		
Reason for Leaving			
• Name of Employer	Job Title	From (Month/Year)	To (Month/Year)
Address (including city/state)		Duties	
Name & Title of Supervisor	Telephone		
Reason for Leaving			
• Name of Employer	Job Title	From (Month/Year)	To (Month/Year)
Address (including city/state)		Duties	
Name & Title of Supervisor	Telephone		
Reason for Leaving			
• Name of Employer	Job Title	From (Month/Year)	To (Month/Year)
Address (including city/state)		Duties	
Name & Title of Supervisor	Telephone		
Reason for Leaving			

References

List names & address of people who have known you over 3 years. Do not list relatives.

Name	Address	Occupation	Telephone
Name	Address	Occupation	Telephone
Name	Address	Occupation	Telephone
Name	Address	Occupation	Telephone

Veteran's Preference

Check if you are claiming Veteran's Preference as:

<input type="checkbox"/> A disabled veteran who is eligible for or receiving compensation under public laws administered by the U.S. Veterans Administration and the Department of Defense, or	<input type="checkbox"/> The spouse of a veteran who cannot qualify for employment because of a total & permanent disability, or the spouse of a veteran missing in action, captured or forcibly detained by a foreign power, or	<input type="checkbox"/> A veteran of any war or who has served on active duty for 180 consecutive days or more during the wartime era, or	<input type="checkbox"/> The unremarried widow or widower of a veteran who dies of a service-connected disability.
Branch of Service: _____		Date of Entry: _____	Date of Honorable Discharge: _____

Please Read Before Signing

I hereby verify that the information provided is true, complete and accurate. I agree that the school district may investigate all of the statements made on this application and that any misrepresentation or omission is cause for dismissal.

Signature of Applicant _____

Date _____

**Hamilton County School District
Non-Instructional Reference Form**

Section A – To be completed by applicant:

Applicant's Name (Please print/type): _____

I have applied for a non-instructional position with the Hamilton County School District in the following area(s):

☐ Clerical ☐ Paraprofessional ☐ Custodial ☐ Food Services
☐ Transportation ☐ Maintenance ☐ Substitute ☐ Other: _____

Section B – To be completed by reference:

Consider this applicant in relationship to the areas listed below. Please indicate by circling the appropriate number using the following scale:

5 – Extremely competent	3 – Competent	1 – Much less than competent
4 – Very competent	2 – Less than competent	0 – No basis for judgment

TECHNICAL KNOWLEDGE – Level of understanding & ability to use technical information for the job	5 4 3 2 1 0
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TECHNICAL PROFICIENCY – Level of performance in technical area	5 4 3 2 1 0
--	-----------------------

WORK STANDARDS – Quantity and quality of work	5 4 3 2 1 0
---	-----------------------

JUDGMENT – Making decisions which are based on logical assumptions and which reflect factual information	5 4 3 2 1 0
--	-----------------------

DEPENDABILITY – Reliable and trustworthy	5 4 3 2 1 0
--	-----------------------

PUNCTUALITY – Observant of appointed time	5 4 3 2 1 0
---	-----------------------

ENERGY – Maintains high activity level; alert; energetic	5 4 3 2 1 0
--	-----------------------

INITIATIVE – Takes action to achieve goals beyond what is necessarily called for	5 4 3 2 1 0
--	-----------------------

ADAPTABILITY – Maintains effectiveness in varying environments, tasks, and responsibilities	5 4 3 2 1 0
---	-----------------------

SENSITIVITY – Considers the feelings and needs of others	5 4 3 2 1 0
--	-----------------------

COMMUNICATIONS - Oral communication	5 4 3 2 1 0
--	-----------------------

Written communication	5 4 3 2 1 0
-----------------------	-----------------------

Non-verbal communication	5 4 3 2 1 0
--------------------------	-----------------------

Listening skills	5 4 3 2 1 0
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This assessment covers the period from _____ to _____. I have known the applicant _____ ☐ months ☐ years in my capacity as _____.

Additional comments: _____

Name & address of person completing form (please print): _____

Please include phone number(s) where you can be contacted to verify this reference: _____

Signature _____	Position _____	Date _____
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Please mail this form to the personnel office at 5683 Highway 129 South – Suite 1, Jasper, FL 32052 or fax to 386-792-3681.

Employee's Withholding Certificate

OMB No. 1545-0074

▶ **Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.**▶ **Give Form W-4 to your employer.**▶ **Your withholding is subject to review by the IRS.****2020****Step 1:
Enter
Personal
Information**

(a) First name and middle initial

Last name

(b) Social security number

Address

City or town, state, and ZIP code

▶ **Does your name match the name on your social security card?** If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov.(c) ☐ **Single or Married filing separately**☐ **Married filing jointly** (or Qualifying widow(er))☐ **Head of household** (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)**Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5.** See page 2 for more information on each step, who can claim exemption from withholding, when to use the online estimator, and privacy.**Step 2:
Multiple Jobs
or Spouse
Works**

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.(a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3–4); **or**(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; **or**(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld..... ▶ ☐**TIP:** To be accurate, submit a 2020 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.**Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs.** Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)**Step 3:
Claim
Dependents**

If your income will be \$200,000 or less (\$400,000 or less if married filing jointly):

Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$

Multiply the number of other dependents by \$500 ▶ \$

Add the amounts above and enter the total here

3 \$**Step 4
(optional):
Other
Adjustments**(a) **Other income (not from jobs).** If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income**4(a)** \$(b) **Deductions.** If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here**4(b)** \$(c) **Extra withholding.** Enter any additional tax you want withheld each **pay period** .**4(c)** \$**Step 5:
Sign
Here**

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

▶ **Employee's signature** (This form is not valid unless you sign it.) ▶ **Date****Employers
Only**

Employer's name and address

First date of
employmentEmployer identification
number (EIN)

General Instructions

Future Developments

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505.

Exemption from withholding. You may claim exemption from withholding for 2020 if you meet both of the following conditions: you had no federal income tax liability in 2019 **and** you expect to have no federal income tax liability in 2020. You had no federal income tax liability in 2019 if (1) your total tax on line 16 on your 2019 Form 1040 or 1040-SR is zero (or less than the sum of lines 18a, 18b, and 18c), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2020 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 16, 2021.

Your privacy. If you prefer to limit information provided in Steps 2 through 4, use the online estimator, which will also increase accuracy.

As an alternative to the estimator: if you have concerns with Step 2(c), you may choose Step 2(b); if you have concerns with Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c). If this is the only job in your household, you may instead check the box in Step 2(c), which will increase your withholding and significantly reduce your paycheck (often by thousands of dollars over the year).

When to use the estimator. Consider using the estimator at www.irs.gov/W4App if you:

1. Expect to work only part of the year;
2. Have dividend or capital gain income, or are subject to additional taxes, such as the additional Medicare tax;
3. Have self-employment income (see below); or
4. Prefer the most accurate withholding for multiple job situations.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at www.irs.gov/W4App to figure the amount to have withheld.

Nonresident alien. If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Specific Instructions

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work.

Option **(a)** most accurately calculates the additional tax you need to have withheld, while option **(b)** does so with a little less accuracy.

If you (and your spouse) have a total of only two jobs, you may instead check the box in option **(c)**. The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is roughly accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.



Multiple jobs. Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

Step 3. Step 3 of Form W-4 provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 972, Child Tax Credit and Credit for Other Dependents. You can also include **other tax credits** in this step, such as education tax credits and the foreign tax credit. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2020 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.

Step 2(b)—Multiple Jobs Worksheet (Keep for your records.)

If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on **only ONE** Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job.

Note: If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at www.irs.gov/W4App.

- 1 Two jobs.** If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, **skip** to line 3 **1** \$ _____
- 2 Three jobs.** If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
 - a** Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a **2a** \$ _____
 - b** Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b **2b** \$ _____
 - c** Add the amounts from lines 2a and 2b and enter the result on line 2c **2c** \$ _____
- 3** Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc. **3** _____
- 4 Divide** the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in **Step 4(c)** of Form W-4 for the highest paying job (along with any other additional amount you want withheld) **4** \$ _____

Step 4(b)—Deductions Worksheet (Keep for your records.)

- 1** Enter an estimate of your 2020 itemized deductions (from Schedule A (Form 1040 or 1040-SR)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income **1** \$ _____
- 2** Enter: $\left\{ \begin{array}{l} \bullet \$24,800 \text{ if you're married filing jointly or qualifying widow(er)} \\ \bullet \$18,650 \text{ if you're head of household} \\ \bullet \$12,400 \text{ if you're single or married filing separately} \end{array} \right\}$ **2** \$ _____
- 3** If line 1 is greater than line 2, subtract line 2 from line 1. If line 2 is greater than line 1, enter "-0-" . . . **3** \$ _____
- 4** Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040 or 1040-SR)). See Pub. 505 for more information . . . **4** \$ _____
- 5 Add** lines 3 and 4. Enter the result here and in **Step 4(b)** of Form W-4 **5** \$ _____

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

Married Filing Jointly or Qualifying Widow(er)

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$220	\$850	\$900	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,210	\$1,870	\$1,870
\$10,000 - 19,999	220	1,220	1,900	2,100	2,220	2,220	2,220	2,220	2,410	3,410	4,070	4,070
\$20,000 - 29,999	850	1,900	2,730	2,930	3,050	3,050	3,050	3,240	4,240	5,240	5,900	5,900
\$30,000 - 39,999	900	2,100	2,930	3,130	3,250	3,250	3,440	4,440	5,440	6,440	7,100	7,100
\$40,000 - 49,999	1,020	2,220	3,050	3,250	3,370	3,570	4,570	5,570	6,570	7,570	8,220	8,220
\$50,000 - 59,999	1,020	2,220	3,050	3,250	3,570	4,570	5,570	6,570	7,570	8,570	9,220	9,220
\$60,000 - 69,999	1,020	2,220	3,050	3,440	4,570	5,570	6,570	7,570	8,570	9,570	10,220	10,220
\$70,000 - 79,999	1,020	2,220	3,240	4,440	5,570	6,570	7,570	8,570	9,570	10,570	11,220	11,240
\$80,000 - 99,999	1,060	3,260	5,090	6,290	7,420	8,420	9,420	10,420	11,420	12,420	13,260	13,460
\$100,000 - 149,999	1,870	4,070	5,900	7,100	8,220	9,320	10,520	11,720	12,920	14,120	14,980	15,180
\$150,000 - 239,999	2,040	4,440	6,470	7,870	9,190	10,390	11,590	12,790	13,990	15,190	16,050	16,250
\$240,000 - 259,999	2,040	4,440	6,470	7,870	9,190	10,390	11,590	12,790	13,990	15,520	17,170	18,170
\$260,000 - 279,999	2,040	4,440	6,470	7,870	9,190	10,390	11,590	13,120	15,120	17,120	18,770	19,770
\$280,000 - 299,999	2,040	4,440	6,470	7,870	9,190	10,720	12,720	14,720	16,720	18,720	20,370	21,370
\$300,000 - 319,999	2,040	4,440	6,470	8,200	10,320	12,320	14,320	16,320	18,320	20,320	21,970	22,970
\$320,000 - 364,999	2,720	5,920	8,750	10,950	13,070	15,070	17,070	19,070	21,290	23,590	25,540	26,840
\$365,000 - 524,999	2,970	6,470	9,600	12,100	14,530	16,830	19,130	21,430	23,730	26,030	27,980	29,280
\$525,000 and over	3,140	6,840	10,170	12,870	15,500	18,000	20,500	23,000	25,500	28,000	30,150	31,650

Single or Married Filing Separately

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$460	\$940	\$1,020	\$1,020	\$1,470	\$1,870	\$1,870	\$1,870	\$1,870	\$2,040	\$2,040	\$2,040
\$10,000 - 19,999	940	1,530	1,610	2,060	3,060	3,460	3,460	3,460	3,640	3,830	3,830	3,830
\$20,000 - 29,999	1,020	1,610	2,130	3,130	4,130	4,540	4,540	4,720	4,920	5,110	5,110	5,110
\$30,000 - 39,999	1,020	2,060	3,130	4,130	5,130	5,540	5,720	5,920	6,120	6,310	6,310	6,310
\$40,000 - 59,999	1,870	3,460	4,540	5,540	6,690	7,290	7,490	7,690	7,890	8,080	8,080	8,080
\$60,000 - 79,999	1,870	3,460	4,690	5,890	7,090	7,690	7,890	8,090	8,290	8,480	9,260	10,060
\$80,000 - 99,999	2,020	3,810	5,090	6,290	7,490	8,090	8,290	8,490	9,470	10,460	11,260	12,060
\$100,000 - 124,999	2,040	3,830	5,110	6,310	7,510	8,430	9,430	10,430	11,430	12,420	13,520	14,620
\$125,000 - 149,999	2,040	3,830	5,110	7,030	9,030	10,430	11,430	12,580	13,880	15,170	16,270	17,370
\$150,000 - 174,999	2,360	4,950	7,030	9,030	11,030	12,730	14,030	15,330	16,630	17,920	19,020	20,120
\$175,000 - 199,999	2,720	5,310	7,540	9,840	12,140	13,840	15,140	16,440	17,740	19,030	20,130	21,230
\$200,000 - 249,999	2,970	5,860	8,240	10,540	12,840	14,540	15,840	17,140	18,440	19,730	20,830	21,930
\$250,000 - 399,999	2,970	5,860	8,240	10,540	12,840	14,540	15,840	17,140	18,440	19,730	20,830	21,930
\$400,000 - 449,999	2,970	5,860	8,240	10,540	12,840	14,540	15,840	17,140	18,450	19,940	21,240	22,540
\$450,000 and over	3,140	6,230	8,810	11,310	13,810	15,710	17,210	18,710	20,210	21,700	23,000	24,300

Head of Household

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$830	\$930	\$1,020	\$1,020	\$1,020	\$1,480	\$1,870	\$1,870	\$1,930	\$2,040	\$2,040
\$10,000 - 19,999	830	1,920	2,130	2,220	2,220	2,680	3,680	4,070	4,130	4,330	4,440	4,440
\$20,000 - 29,999	930	2,130	2,350	2,430	2,900	3,900	4,900	5,340	5,540	5,740	5,850	5,850
\$30,000 - 39,999	1,020	2,220	2,430	2,980	3,980	4,980	6,040	6,630	6,830	7,030	7,140	7,140
\$40,000 - 59,999	1,020	2,530	3,750	4,830	5,860	7,060	8,260	8,850	9,050	9,250	9,360	9,360
\$60,000 - 79,999	1,870	4,070	5,310	6,600	7,800	9,000	10,200	10,780	10,980	11,180	11,580	12,380
\$80,000 - 99,999	1,900	4,300	5,710	7,000	8,200	9,400	10,600	11,180	11,670	12,670	13,580	14,380
\$100,000 - 124,999	2,040	4,440	5,850	7,140	8,340	9,540	11,360	12,750	13,750	14,750	15,770	16,870
\$125,000 - 149,999	2,040	4,440	5,850	7,360	9,360	11,360	13,360	14,750	16,010	17,310	18,520	19,620
\$150,000 - 174,999	2,040	5,060	7,280	9,360	11,360	13,480	15,780	17,460	18,760	20,060	21,270	22,370
\$175,000 - 199,999	2,720	5,920	8,130	10,480	12,780	15,080	17,380	19,070	20,370	21,670	22,880	23,980
\$200,000 - 249,999	2,970	6,470	8,990	11,370	13,670	15,970	18,270	19,960	21,260	22,560	23,770	24,870
\$250,000 - 349,999	2,970	6,470	8,990	11,370	13,670	15,970	18,270	19,960	21,260	22,560	23,770	24,870
\$350,000 - 449,999	2,970	6,470	8,990	11,370	13,670	15,970	18,270	19,960	21,260	22,560	23,900	25,200
\$450,000 and over	3,140	6,840	9,560	12,140	14,640	17,140	19,640	21,530	23,030	24,530	25,940	27,240

HAMILTON COUNTY SCHOOL DISTRICT

Direct Deposit Agreement Form

I hereby authorize **Hamilton County School District** to initiate credit entries, if necessary a debit entry in accordance with NACHA rules reversing a credit entry made in error, to my account at the financial institution named. Direct deposit data remains active in the School District Payroll Office until separation of employment or until changed by:

- a) Me in writing by submitting this form requesting a change
- b) My death or legal incapacity
- c) The financial institution
- d) Hamilton County School District

I understand that I am required to stop or change my direct deposit information with the Hamilton County School District prior to closing my bank account.

Account Information

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____ Checking _____ Savings _____

Authorization/Signature

Authorized Signature: _____ Date: _____

For account verification, please attach a voided check that includes your imprinted name or correspondence from your financial institution that includes the account holder's name, account number and routing number.

Please do not attach a deposit slip as the coding is not valid for direct deposit.



Hamilton School Board
5683 Highway 129S, Suite 1
Jasper, FL 32052
386-792-7816

OATH OF LOYALTY

I, _____,
a citizen of the State of Florida and of the United States of America, and
being employed by or an officer of the Hamilton School Board and a recipient
of public funds as such employee or officer, do hereby solemnly swear or
affirm that I will support the Constitution of the United States and of the State
of Florida.

Signature of Applicant

STATE OF FLORIDA
COUNTY OF HAMILTON

Sworn to and subscribed before me this _____ day of _____, _____,
by _____, who is personally known to me or who has
produced _____ as identification.

Signature of Notary Public

Stamped Name of Notary

Hamilton County School District

Permission for Disclosure of Information From Personnel Records (for credit purposes only)

I, _____, hereby authorize the
(please print)

Hamilton County School District to disclose information from my personnel records to agencies such as:

- ☐ Credit Union
- ☐ Credit Bureau
- ☐ Other (finance companies, stores, etc.) _____

I, the employee, understand that unless this form is signed by me to be placed in my personnel file, no information will be shared by phone or in writing.

In consideration for value of the Hamilton County School District's time and expense in providing this information, I agree to hold the Hamilton County School District harmless for all damages incurred by me, my estate or assigns resulting from the release of this information.

Signature of Employee

Address

City/State/Zip

Date

THE SCHOOL DISTRICT OF HAMILTON COUNTY

**STATEMENT ON THE COLLECTION, USE OR RELEASE OF
SOCIAL SECURITY NUMBERS OF EMPLOYEES AND OTHERS*****

**Read the information below, sign and return this
document to the person who provided you the form.**

The School District of Hamilton County is authorized to collect, use or release social security numbers (SSN) of employees and other individuals*** for the following purposes, which are noted as either required or authorized by law to be collected. The collection of social security numbers is either specifically authorized by law or imperative for the performance of the District's duties and responsibilities as prescribed by law [§119.071(5)(a) 2 & 3, Fla. Stat.].

1. **Employment eligibility, report to IRS, SSA, UC, and FAWI, including for W-4's and I-9's.** [Required by federal statute and regulation 26 U.S.C. 6051 and 26 C.F.R. 31.6011(b)-2, 26 C.F.R. 301.6109-1 and 31.3402(f)(2)-1, and §119.071(5)(a) 6, Fla. Stat.]
2. **Receipts to employees for wages and statements required in case of sick pay paid by third parties.** [Required by federal statute 26 U.S.C. 6051 and §119.071(5)(a) 6, Fla. Stat.]
3. **Verification of an alien's eligibility for employment, including I-9.** [Authorized by 8 U.S.C. 1324 a (b) and 8 C.F.R. 274a. 2.]
4. **Income tax withholding (including for annuity and sick leave)/Payroll deductions on Form W-2.** [Required by 26 U.S.C. 3402, 26 C.F.R. 31.6051-1 and §119.071(5)(a) 6, Fla. Stat.]
5. **Teacher retirement system benefits and contributions.** [Authorized by §238.01 et seq., including 238.07, Fla. Stat., and §119.071(5)(a) 6, Fla. Stat.]
6. **Retirement contributions required for enrollment in Florida Retirement System (FRS) Investment Plan, second election retirement plan enrollment, or for participation in and contributions to FRS.** [Required by Fla. Admin. Code 19-11.010, 19-11.006 and 19-11.007 and §119.071(5)(a) 2 & 6, Fla. Stat. or required by §121.051 and 121.071, Fla. Stat., and Fla. Admin. Code 19-13.003 and §119.071(5)(a) 2 & 6, Fla. Stat.]

7. **Reports pertaining to deferred vested retirement programs.** [Required by 26 C.F.R. 301.6057-1 and §119.071(5)(a) 6, Fla. Stat.]
8. **Payments and plan relating to the retiree prescription drug subsidy under 42 C.F.R. §423.34 and 42 C.F.R. §423.886.** [Authorized by 42 C.F.R. 423.884 and §119.071(5)(a) 6, Fla. Stat.]
9. **Educator Certification or licensure application, renewal, or add-on, or non-employee registration for professional development for in-service points or incentive pay.** [Required by §§1012.56 and 119.071(5)(a) 6, Fla. Stat. and/or authorized by §§1012.21 and 119.071(5)(a) 6, Fla. Stat.]
10. **Criminal history, Level 1 and Level 2 background checks/Identifiers for processing fingerprints by Department of Law Enforcement, if SSN is available.** [Required by Fla. Admin. Code 11C-6.003 and §119.071(5)(a) 6, Fla. Stat.]
11. **Registration information regarding sexual predators and sexual offenders.** [Authorized by §943.04351, Fla. Stat. and required by §119.071(5)(a) 2 & 6, Fla. Stat.]
12. **Reports on staff required to be submitted to Florida Department of Education (DOE), including but not limited to Out-of-County/ Out-of-State Verification of Highly Qualified.** [Authorized and required by §119.071(5)(a) 2 & 6, Fla. Stat. and/or EDGAR at 34 CFR 80.40(a) or §1008.32, Fla. Stat.]
13. **Social security contributions.** [Required by Fla. Admin. Code 60S-3.010 and §119.071(5)(a) 2 & 6, Fla. Stat.]
14. **State directory of new hires (including for determining support obligations and eligibility for several federal and state programs).** [Required by federal law 42 U.S.C. 653a and §409.2576, Fla. Stat. and §119.071(5)(a), Fla. Stat.]
15. **Notice to Payor and Income Deduction notices for child support, or for alimony and child support.** [Required by §61.1301 (2)(e), Fla. Stat. and §119.071(5)(a), Fla. Stat.]
16. **Child support enforcement.** [Required by 45 C.F.R. 307.11 and §§61.13, 742.10 or 409.2563 or 742.031, Fla. Stat.]
17. **Garnishment payment pursuant to a Notice of Levy.** [Required by Fla. Admin. Code 12E-1028m and §119.071(5)(a), Fla. Stat.]

18. **Request from depository for support payments.** [Required by §61.181(3)(b), Fla. Stat. and §119.071(5)(a), Fla. Stat.]
19. **Record of remuneration paid to employees.** [Required by federal regulation 20.C.F.R. 404.1225, Fla. Admin. Code 60BB-2.032, §119.071(5)(a) 6, Fla. Stat.]

***Note: This form states the reasons for collecting, using or releasing the social security numbers only of employees and individuals other than students, parents and volunteers. A separate written statement sets forth the reasons for collecting, using or releasing the social security numbers of students and parents, and a separate written statement exists for collecting, using or releasing the social security numbers of volunteers as part of the volunteer application.

Signature

Date

**HAMILTON SCHOOL BOARD
NOTICE REGARDING PERSONAL INFORMATION**

As a school board employee, the personal information contained in your personnel file, including your address and telephone number, is public record unless you qualify for an exemption pursuant to Chapter 119 of the Florida Statutes. In certain circumstances, such information is exempt based upon your former occupation or your status as a spouse or child of an individual who currently or formerly occupied a specified position. Accordingly, **please place a check mark beside any of the occupations listed below which you previously occupied or which your spouse or parent currently or formerly occupied.** If you do not complete and return this form, we will presume that your information does not qualify for an exemption, and we will be required to release it pursuant to a Public Records Act request under Chapter 119 of the Florida Statutes. If you have any questions, please contact the Director of Administrative Services.

The home addresses, telephone numbers and photographs of:

- ☐ Current or former law enforcement personnel
- ☐ Current or former correctional officers
- ☐ Current or former probation officers
- ☐ Current or former investigators of the Department of Children and Family Services
- ☐ Current or former investigators of the Department of Health
- ☐ Current or former Department of Revenue or local government personnel responsible for revenue collection and enforcement or child support enforcement
- ☐ Current or former state attorneys or assistant state attorneys
- ☐ Current or former statewide prosecutors or assistant statewide prosecutors
- ☐ Current or former United States attorneys or assistant United States attorneys
- ☐ Current or former United States Courts of Appeal judges, United States District Court judges, and United States Magistrate judges
- ☐ Firefighters certified in compliance with s. 633.35
- ☐ Current or former human resource, labor relations, or employee relations directors, assistant directors, managers, or assistant managers of any local government agency or water management district whose duties include hiring, firing, labor contract negotiation, administration, or other personnel-related duties
- ☐ Code enforcement officers
- ☐ Current or former juvenile probation officers, juvenile probation supervisors, detention superintendents, assistant detention superintendents, senior juvenile detention officers, juvenile detention officer supervisors, juvenile detention officers, house parents I and II, house parent supervisors, group treatment leaders, group treatment leader supervisors, rehabilitation therapists and social services counselors of the Department of Juvenile Justice ¹

The home addresses and telephone numbers of:

- ☐ Justices or judges of any circuit, county or appellate court
- ☐ General magistrates, special magistrates, judges of compensation claims, administrative law judges of the Division of Administrative Hearings and child support enforcement hearing officers ²

The home addresses, telephone numbers, places of employment, and photographs of:

- ☐ Current or former guardians ad litem as defined in Fla. Stat. 39.820 ³

To the extent that you fall within any of the categories above, then the home address(es), telephone number(s), photograph(s), and place(s) of employment of your spouse and children will also be exempt. In addition, the name(s) and location(s) of schools and day care facilities attended by your children will be exempt from disclosure.

Signature _____

Date _____

Print Legal Name _____

School/Cost Center _____

¹ This provision shall stand repealed on October 2, 2011, unless saved from repeal by act of the Legislature.

² Must provide a written statement that reasonable efforts were made to protect the information from being accessible through other means available to the public. This provision shall stand repealed on October 2, 2013, unless saved from repeal by act of the Legislature.

³ Must provide a written statement that reasonable efforts were made to protect the information from being accessible through other means available to the public. This provision shall stand repealed October 2, 2015, unless saved from repeal by act of the Legislature.



Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 10/31/2022

► **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)		Apt. Number	City or Town		State	ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number [][][] - [][] - [][][][]		Employee's E-mail Address		Employee's Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>	<p>QR Code - Section 1 Do Not Write In This Space</p>

Signature of Employee	Today's Date (mm/dd/yyyy)
-----------------------	---------------------------

Preparer and/or Translator Certification (check one):

☐ I did not use a preparer or translator. ☐ A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code



Employer Completes Next Page





Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 10/31/2022

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)
Document Title		<div>Additional Information</div> <div>QR Code - Sections 2 & 3 Do Not Write In This Space</div>		
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ (See instructions for exemptions)

Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)		Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative		First Name of Employer or Authorized Representative		Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)			City or Town		State ZIP Code

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable)			B. Date of Rehire (if applicable)	
Last Name (Family Name)		First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
----------------	-----------------	---------------------------------------

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
--	---------------------------	---

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 		<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security

Examples of many of these documents appear in the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.

Hamilton County School District

Signature of Receipt of School Board Policies and Code of Ethics

I hereby acknowledge receipt of the following documents:

_____ Policy 2.18, Prohibiting Discrimination, Including Sexual and Other
Forms of Harassment

_____ Policy 6.45, Alcohol and Drug Free Work Place

_____ Principles of Professional Conduct for the Education Profession in Florida

I further acknowledge that I have read the documents and that my signature verifies my knowledge of implementation by the Hamilton County School District and that this signed form will become a part of my personnel record.

Signature of Employee

Printed Name

Position

Date

CHAPTER 2.00 - SCHOOL BOARD GOVERNANCE AND ORGANIZATION

PROHIBITING DISCRIMINATION, INCLUDING SEXUAL AND OTHER FORMS OF HARASSMENT

2.18

1. Policy Against Discrimination
 - A. No person shall, on the basis of race, color, religion, gender, age, marital status, sexual orientation, pregnancy, disability, political or religious beliefs, national or ethnic origin, or genetic information, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any education program or activity, or in any employment conditions or practices conducted by this School District, except as provided by law.
 - B. The School Board shall comply with all state and federal laws, which prohibit discrimination and are designed to protect the civil rights of applicants, employees, and/or students, or other persons or organizations protected by applicable law.
 - C. The School Board shall admit students to District Schools, programs, and classes without regard to race, color, religion, gender, age, national or ethnic origin, marital status, disability or handicap.
2. Policy Against Sexual Harassment or Other Forms of Harassment Prohibited by Law
 - A. The School Board desires to maintain an academic and work environment in which all employees, volunteers, and students are treated with respect and dignity. A vital element of this atmosphere is the Board's commitment to equal opportunities and the prohibition of discriminatory practices. The Board's prohibition against discriminatory practices includes prohibitions against sexual harassment, or any other form of harassment based upon a person's membership in a protected class and specifically prohibited by applicable state or federal law. The School Board forbids sexual harassment, or any other form of illegal harassment, of any employee, student, volunteer or visitor. The Board will not tolerate sexual harassment, or any other form of illegal harassment by any of its employees, students, volunteers or agents.
 - B. The prohibition against discrimination including sexual and other forms of illegal harassment shall also apply to nonemployee volunteers who work subject to the control of school authorities, and to all vendors or service providers who have access to School Board facilities.

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Definition of Sexual Harassment

- C. Prohibited sexual harassment includes, but is not limited to, requests for sexual favors, and other verbal, visual or physical conduct of a sexual nature when
 1. Submission to the conduct is explicitly or implicitly made a term or condition of an individual's employment, academic status, or progress.
 2. Submission to or rejection of the conduct by an individual is used as the basis for employment or academic decisions affecting the individual.
 3. The conduct has the purpose or effect of having a negative impact on the individual's academic performance or employment, unreasonably interfering with the individual's education or employment, or creating an intimidating, hostile, or offensive educational or employment environment.
 4. Submission to or rejection of the conduct by the individual is used as the basis for any decision affecting the individual regarding any term or condition of employment, employment or academic benefits, or services, honors, programs, or activities available at or through the school.
- D. Types of conduct which are prohibited in the District and which may constitute sexual harassment include, but are not limited to
 1. Graphic verbal comments about an individual's body or appearance.
 2. Sexual jokes, notes, stories, drawings, pictures or gestures.
 3. Sexual slurs, leering, threats, abusive words, derogatory comments or sexually degrading descriptions.
 4. Unwelcome sexual flirtations or propositions for sexual activity or unwelcome demands for sexual favors, including but not limited to repeated unwelcome requests for dates.
 5. Spreading sexual rumors.
 6. Touching an individual's body or clothes (including one's own) in a sexual way, including, but not limited to, grabbing, brushing against, patting, pinching, bumping, rubbing, kissing, and fondling.
 7. Cornering or blocking normal movements.

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8. Displaying sexually suggestive drawings, pictures, written materials, and objects in the educational environment.
3. Definition of Other Forms of Prohibited Harassment
 - A. Illegal harassment on the basis of any other characteristic protected by state or federal law is strictly prohibited. This includes verbal or physical conduct that denigrates or shows hostility or aversion toward an individual because of his/her race, color, religion, gender, national origin, age, disability, marital status, sexual orientation, citizenship, or genetic information or any other characteristic protected by law and that
 1. Has the purpose or effect of creating an intimidating, hostile or offensive work or academic environment;
 2. Has the purpose or effect of interfering with an individual's work or academic performance; or
 3. Otherwise, adversely affects an individual's employment or academic performance.
 - B. Examples of prohibited actions, which may constitute harassment include, but are not limited to, the following:
 1. Epithets, slurs or negative stereotyping;
 2. Threatening, intimidating or hostile acts, such as stalking; or
 3. Written or graphic material that denigrates or shows hostility or aversion toward an individual or group and that is placed on walls or elsewhere on the school or District office premises or circulated in the workplace or academic environment.
4. Retaliation Prohibited
 - A. Any act of retaliation against an individual who files a complaint alleging a violation of the District's antidiscrimination policy and/or sexual or illegal harassment policy or who participates in the investigation of a discrimination complaint is prohibited.
 - B. Retaliation may include, but is not limited to, any form of intimidation, reprisal or harassment based upon participation in the investigation of, or filing a complaint of, discrimination.
5. Procedures for Filing Complaint of Discrimination, Sexual Harassment, or Other Form of Illegal Harassment
 - A. Procedures for Filing Complaints

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1. Any person who believes that he or she has been discriminated against, or placed in a hostile environment based on gender, marital status, sexual orientation, race, national origin, religion, age or disability by an employee, volunteer, agent or student of the School District should within sixty (60) days of alleged occurrence file a written or oral complaint. The complaint should set forth a description of the alleged discriminatory actions/harassment, the time frame in which the alleged discrimination occurred, the person or persons involved in the alleged discriminatory actions, and any witnesses or other evidence relevant to the allegations in the complaint.
2. The complaint should be filed with the School Principal, Site Administrator or supervisor. Complaints filed with the Principal, Site Administrator, or supervisor must be forwarded to the District's EEO Officer within five (5) days of the filing of the complaint. If the complaint is against the principal or site administrator, the complaint may be filed directly with the EEO officer.
3. If the complaint is against the District's EEO Officer, the Superintendent, or other member of the School Board, the complaint may be filed with the School Board Attorney.

B. Procedures for Processing Complaints

1. Complaints filed against persons other than the Superintendent or member of the School Board
 - a. Upon receipt of the written complaint by the District EEO Officer, the District EEO Officer shall appoint an investigator to conduct an investigation of the allegations in the complaint. The investigator shall interview the complainant and the accused; interview any witnesses identified by the complainant, accused, or by other sources; take statements from all witnesses; and review any relevant documents or other evidence. Upon completing a review of all evidence relevant to the complaint, the investigator shall prepare a written summary of the investigation, and make a recommendation to the District EEO Officer as to whether there is reasonable cause to believe a violation of the District's antidiscrimination policy has occurred. Copies of documents, evidence and witness statements which were considered in the investigation must be sent to the EEO officer along with the summary and recommendation.

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- b. If the complaint is against the EEO officer, the School Board Attorney shall appoint an investigator, who shall conduct an investigation in the manner set forth in section VI.B.1.a.
- c. The investigation, summary, relevant documents, witnesses' statements and recommendation should be completed and forwarded to the EEO Officer within thirty (30) days, or to the School Board Attorney within thirty (30) days, if the complaint is against the EEO Officer. The EEO Officer, or School Board Attorney, respectively, shall review the investigation summary, evidence and recommendation, and determine within ten (10) days whether there is reasonable cause to believe a discriminatory practice occurred.
- d. If the EEO Officer or School Board Attorney determines there is reasonable cause to believe a violation of the nondiscriminatory policy occurred, he or she shall within ten (10) days provide notice of the reasonable cause finding to the complainant and the accused. The EEO Officer or School Board Attorney shall then forward the investigatory file, reasonable cause determination, and all related documents and evidence, to the Superintendent.
- e. If the EEO Officer or School Board Attorney determines, after a review of the investigation, summary, recommendation and other evidence, that there is no reasonable cause to believe a discriminatory practice occurred, he or she shall provide within ten (10) days notice of the finding of no reasonable cause to the complainant and accused.
- f. The complainant may request a no reasonable cause finding by the EEO Officer or School Board Attorney be reviewed by the Superintendent within ten (10) days of receipt of this notice. The complainant shall provide a written statement detailing facts in support of his or her disagreement with the determination. The complainant will also be given an opportunity to meet with the Superintendent and EEO Officer/School Board Attorney to present his or her position. The Superintendent and EEO Officer/School Board Attorney shall prepare a written memorandum summarizing the content of the conference to be included in the complaint file. The Superintendent shall within ten (10) days of receipt of the notice make a final determination as to whether there is

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reasonable cause to believe a discriminatory practice occurred.

- g. If review by the Superintendent is not timely requested, the EEO Officer or School Board Attorney's determination of no reasonable cause shall be final.
 - h. The accused may request, within ten (10) days of receipt of a notice of a finding of reasonable cause, that the determination be reviewed by the Superintendent. The request must include a written statement expressing the accused's position on the complaint and findings, and address any facts, statements or evidence which he or she submits are inaccurate. The accused will be given an opportunity to meet with the Superintendent and the EEO Officer/School Board Attorney to present his or her position. The Superintendent and EEO Officer/School Board Attorney must within ten (10) days of receipt of the notice prepare a memorandum summarizing the content of the meeting to be included in the complaint file.
 - i. After providing the opportunity for an informal hearing as referenced in section VI.B.1.h., the Superintendent shall evaluate all the evidence, the investigation summary, recommendations and findings, along with any input by the accused and complainant, and make a final determination as to whether there is reasonable cause to support the complainant's allegations. He or she shall then determine any necessary disciplinary, remedial, or other action. Notice of the final disposition of the complaint and any disciplinary and/or remedial action shall within ten (10) days of the informal hearing be forwarded to the accused and the complainant, and a copy of the notice will be filed with and maintained in the office of the District EEO Officer and the Personnel Director.
- 2. Complaints against School Board Members or against the Superintendent
 - a. Complaints against School Board Members or the Superintendent shall be filed with the School Board Attorney. The School Board Attorney will within twenty (20) days appoint an outside, independent investigator to conduct an investigation and make a recommendation as to whether a discriminatory practice has occurred. It is recommended, but

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not mandatory, that the investigator be an attorney familiar with federal and state law prohibiting discrimination on the basis of a protected status.

- b. The complainant and accused shall be interviewed by the outside investigator. Both shall provide written lists of witnesses to be interviewed, and documents or other evidence to be reviewed as relevant to the complaint. The investigator shall interview all witnesses identified by the complainant or accused, in addition to witnesses with relevant knowledge which the investigator may discover from other sources. The investigator shall also review relevant documents and other evidence. The investigator shall within twenty (20) days of receiving the complaint prepare a written summary of his or her investigation, and a recommendation to the School Board Attorney as to whether there is reasonable cause to believe that a discriminatory practice may have occurred.
- c. If reasonable cause is recommended by the investigator against a School Board Member or an elected Superintendent, the recommendation shall within twenty (20) days be forwarded to the Governor's office to determine if there is evidence that a misfeasance or malfeasance of office occurred. The Governor's office will be responsible for taking any necessary action in accordance with applicable law with reference to an elected official. The School Board shall receive and make the final determination if the Superintendent is appointed by the Board.
- d. A finding of no reasonable cause by the outside investigator, which is reviewed and confirmed by the School Board Attorney shall be final. In compliance with Florida Statute, the investigation file shall become public record and the Superintendent or School Board Member shall answer to their constituency.

C. Penalties for Confirmed Discrimination or Harassment

- 1. Student - A substantiated allegation of discrimination or harassment against a student shall subject that student to disciplinary action consistent with the *Code of Student Conduct*.

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2. Employee or Volunteer - A substantiated allegation of discrimination or harassment against an employee may result in disciplinary actions including termination and referral to appropriate law enforcement authorities. A volunteer shall be removed from service and a referral may be made to appropriate law enforcement authorities.
- D. Limited Exemption from Public Records Act and Notification of Parents of Minors
1. To the extent possible, complaints will be treated as confidential and in accordance with Florida Statutes and the Family Educational Rights and Privacy Act (FERPA). Limited disclosure may be necessary to complete a thorough investigation as described above. The District's obligation to investigate and take corrective action may supersede an individual's right to privacy
 2. The parents of a person under the age of 18 who has filed a complaint of discrimination and/or harassment shall be notified within three (3) days of receipt of a complaint.

STATUTORY AUTHORITY: 120.54, 1001.41, 1001.42, 1012.23, F.S.

LAW(S) IMPLEMENTED: 112.51, 119.07, 760.01 *et seq.*,
1000.05, 1000.21, 1001.43, 1012.22, F.S.

34 CFR 99, 34 CFR 108, 34 CFR 200.43(c), P.L.110-233

STATE BOARD OF EDUCATION RULE(S): 6A-19.001 *et seq.*

HISTORY: ADOPTED: 11/9/98

REVISION DATE(S): 3/25/02, 3/22/04, 6/22/09, 6/11/12, 1/11/16

FORMERLY: 2.29; 2.291; 2.71; 2.72; 2.81

CHAPTER 6.00 – HUMAN RESOURCES

ALCOHOL AND DRUG-FREE WORKPLACE

6.45

1. No employee shall possess, consume or sell alcoholic beverages or be under the influence of alcohol on the job or in the workplace.
2. No employee shall unlawfully manufacture, distribute, dispense, possess, use or be under the influence of, on the job or in the workplace, any narcotic, drug, amphetamine, barbiturate, marijuana or any other controlled substance, as defined in the Controlled Substances Act (21 USC 812) and as further defined by regulations at 21 CFR 1300 or Florida Statutes, Chapter 893, without a valid prescription.
3. The appropriate use of legally prescribed drugs and nonprescription medication is not prohibited. However, it is the employee's responsibility to inform the physician of the employee's job duties and to ask the prescribing physician to determine whether or not the prescribed drug may impair the employee's job performance. It is the employee's responsibility to remove himself/herself from service if unfit for duty.
4. An employee in a safety sensitive position must obtain a written release from the prescribing physician if he/she has prescribed any substance that carries a warning label indicating that mental functioning, motor skills or judgment may be adversely affected. The release must state that the employee is able to perform safety sensitive functions.
5. *Workplace* is defined as the site for the performance of work done in connection with the duties of an employee of the School Board. That term includes any place where the work of the School District is performed, including a school building or other school premises; any school-owned vehicle or any other school-approved vehicle used to transport students to and from school or school activities; or any off-school property during a school-sponsored or school-approved activity, event or function, such as a field trip, workshop or athletic event.
6. As a condition of employment, each employee will
 - A. Abide by the terms of this policy, and
 - B. Present a negative drug screen result. The drug screen must have been conducted by a Board approved, independent, certified laboratory within thirty (30) days prior to employment.

CHAPTER 6.00 – HUMAN RESOURCES

- C. Notify the Superintendent of any criminal drug statute arrest or conviction for a violation occurring on the premises of the School Board, at the workplace, or during the conduct of any official activity related to the School Board within forty-eight (48) hours. Identified employees must be in compliance with Policy 6.40, sections II and III.
7. The School Board shall
- A. Notify the appropriate agency within ten (10) days after receiving such notice from an employee or otherwise receiving actual notice of such conviction; and
 - B. Take one of the following actions, within thirty (30) days of receiving such notice, with respect to any employee who is so convicted:
 - a. Require such an employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a federal, state or local health, law enforcement, or other appropriate agency; or
 - b. If the employee fails to participate satisfactorily in such program, the employee may be nonrenewed or his or her employment may be suspended or terminated, at the discretion of the School Board; or
 - c. Take appropriate personnel action against such an employee, up to and including termination.
 - C. Offer assistance and information on drug abuse in order to maintain an alcohol and a drug-free workplace. Employee assistance will be available through the personnel department and the Employee Assistance Program. The School Board shall also conduct periodic workshops on drug and alcohol abuse in the workplace to inform employees and supervisors of the dangers of substance abuse and of the provisions in this policy.
8. Drug and/or alcohol testing will be conducted for employees under the following circumstances:
- A. An employee may be subject to drug testing based on a reasonable belief that he/she is using or has used drugs in violation of the Drug-free Workplace policy.

CHAPTER 6.00 – HUMAN RESOURCES

- B. An employee may be subject to follow up testing at the recommendation of a substance abuse professional or medical review officer.
 - C. An employee shall be subject to a drug screen immediately following a work related accident or injury.
 - D. An employee who is subject to the requirements of the Omnibus Transportation Employees Testing Act (OTETA) shall be subject to random drug testing, post accident drug testing and return to duty testing as required by federal law.
9. The Superintendent shall develop procedures to implement the provisions of an alcohol and drug-free workplace.

STATUTORY AUTHORITY: 893.01, 1001.41, 1012.22, 1012.23, 1012.27, F.S.

LAW(S) IMPLEMENTED: 440.102, 1001.41, 1001.43, 1012.795, F.S.
DRUG FREE WORKPLACE ACT OF 1988,
34 CFR PART 85, SUBPART F

HISTORY: ADOPTED: 11/9/98
REVISION DATE(S): 3/13/06, 5/11/09, 12/12/11, 11/09/15
FORMERLY: NEW